


Michigan Prisoner ReEntry Initiative 

MPRI

Creating Safer Neighborhoods & Better Citizens

MPRI Mental Health Demonstration Project

National Overview of ReEntry

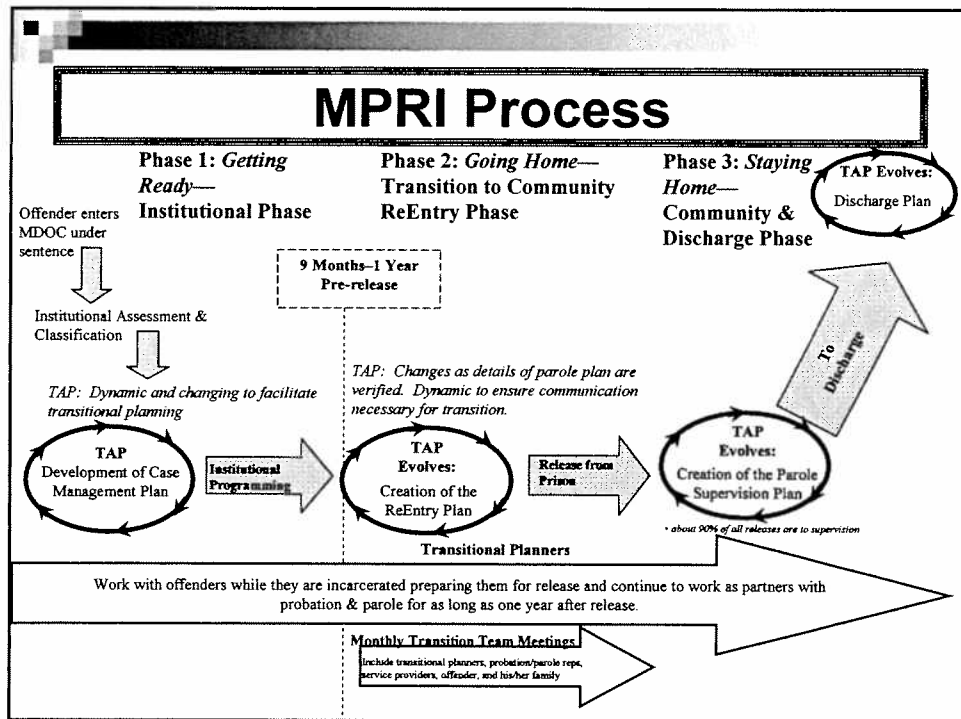
- The United States leads the world in incarceration rates.
 - European countries (1:1,000)
 - United States (**1:143**)
- Almost **7 million adults** are in some form of correctional supervision in the United States today.
 - This is a marked increase from 1.8 million in 1980.
- **97%** of individuals incarcerated in state prison will be released at some point.
- Over **600,000 individuals** are released from prison each year.
 - It is estimated that roughly 1/3 of released offenders are younger than 24 years of age.

National Mental Health Rates

- In 1998 there were 283,000 prison and jail inmates with mental health problems
- In 2006, there were 1.25 million prison and jail inmates with mental health problems
- The rate of reported mental health disorders in the state prison population is five times greater (56.2%) than in the general adult population (11%)
- The nation's jails and prisons have become *de facto* the nation's largest psychiatric hospitals

MPRI Vision & Mission

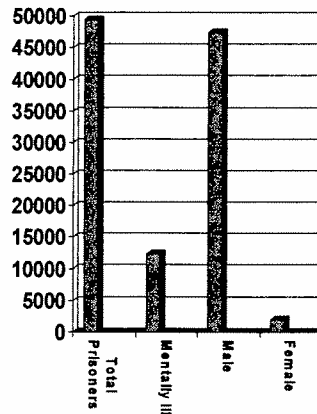
- The **VISION** of the Michigan Prisoner ReEntry Initiative is that every prisoner released into the community will have the tools needed to succeed.
- The **MISSION** of the Michigan Prisoner ReEntry Initiative is to reduce crime by implementing a seamless plan of services and supervision developed with each offender—delivered through state and local collaboration—from the time of their entry to prison through their transition, reintegration, and aftercare in the community.



Performance Measures			
Goal	Strategy	Success Measures	Monitoring Measures
Reduce crime by improving prisoner re-entry into Michigan's communities	Implement MPRI Sites (launch 2005, statewide 2008)	<ul style="list-style-type: none"> Parolees Commit Fewer Crimes 	<ul style="list-style-type: none"> Technical Violation Return Rate
	Implement Intensive ReEntry Prison Units (launch 2005)	<ul style="list-style-type: none"> Fewer Technical Violators Return to Prison 	<ul style="list-style-type: none"> Parole Violators New Sentence Rate
	Implement MPRI Mental Health Demonstration Project (launch 2006)	<ul style="list-style-type: none"> Time Before Return to Prison is Increased Prison Bed Run Out Date is Postponed 	<ul style="list-style-type: none"> Length of time, return to prison Impact on run-out-of-beds date

MPRI Mental Health ReEntry

- As of July, 2006: 49,377* prisoners in Michigan's prisons.
- Approximately 96% (47,401) are male - 4% (1,976) are female.
- Approximately 25% (12,344) have some history of mental health needs.
- Diagnoses range from mild depression to serious and persistent mental illness.



*Source of Data: July 2006 MPRI Legislative Report

MPRI Mental Health ReEntry Process

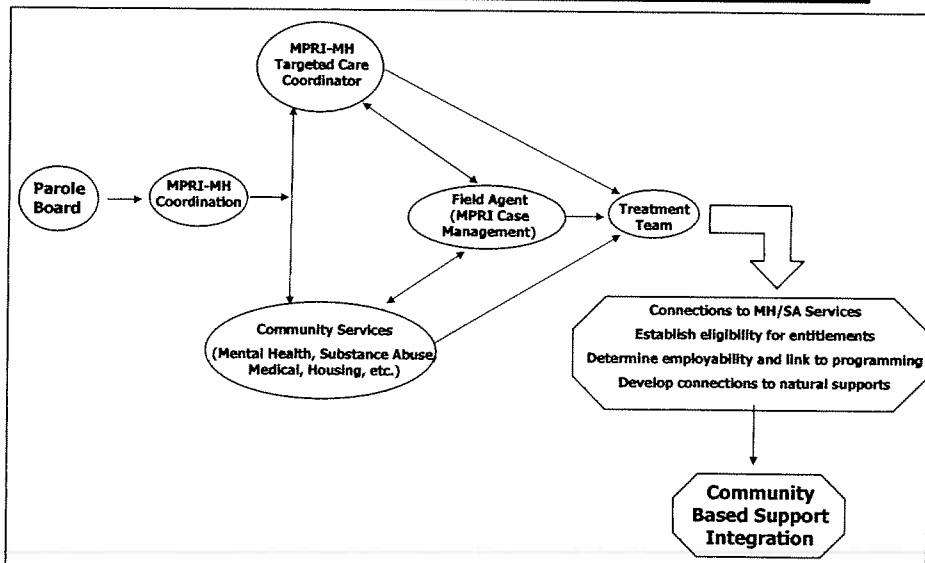
- The Parole Board reviews cases active with Corrections Mental Health Program (CMHP) and designates them a Deferred Parole (D-47) into the MPRI Mental Health Demonstration Project.
- The offender is then moved to a specialized Mental Health ReEntry facility.
- A Needs Assessment is completed by the CMHP Treatment Team and a clinical packet is sent to LifeWays/Professional Consulting Services (PCS).
- LifeWays/PCS then coordinates with returning county to develop an appropriate, individualized Aftercare Plan that addresses mental health, substance abuse, medical issues, employment and housing needs.
- If no appropriate housing option is available, LifeWays/PCS coordinates a placement that meets the mental health needs of the individual.

MPRI Mental Health ReEntry Process (Cont.)

- This Aftercare Plan is returned to the Treatment Team for review and approval and further negotiations occur, if necessary. At the same time, the potential placement is being investigated by a field agent.
- The Aftercare Plan is then forwarded to the Parole Board for review and a final determination regarding parole is made.
- If parole is granted, a release date is generally given within 30-40 days
- LifeWays/PCS provides door-to-door transport on the day of release and oversees and coordinates delivery of Aftercare Plan for 6-12 months through regional care coordination.
- Dollars follow the individual to assist in the payment of services, medications, housing and transportation.
- Program entry to release generally takes 150 days.

MPRI Mental Health Transition Continuum

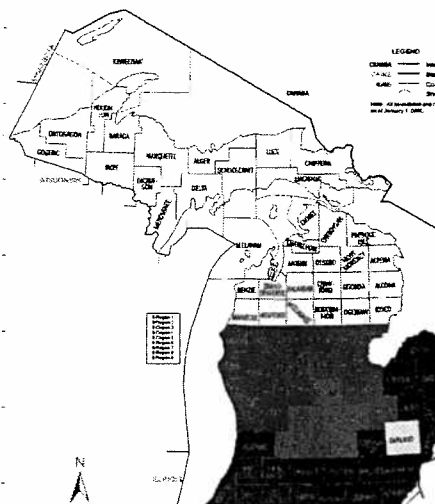
Prison to Community



MPRI Mental Health ReEntry

Regional Mapping of Care Coordinators

- Region 1 – Wayne Co - Maroon
- Region 2 – Oakland Co – Lt. Blue
- Region 3 – Thumb - Red
- Region 4 – Eastern – Dark Blue
- Region 5 – South Eastern – Dark Green
- Region 6 – Central - Brown
- Region 7 – Western - Aqua
- Region 8 – South Western - Purple
- Region 9 – North - Yellow



MPRI Mental Health ReEntry

Necessary components that make this project work:

- **Brokering role of LifeWays/PCS** – single point of entry for this population that allows a neutral position to navigate both complex systems and bridge the communication gap, while building collaborative relationships.
- **Door-to-Door transport and coordination on the day of release** – assurance for this population that they get where they need to be with their medications. Discharge planning meetings are also held within 48 hours of release to ensure roles, responsibilities and review of After Care plan.
- **Regional Care Coordination** – the ability to follow case 6-12 months post release to ensure that the After Care plan is implemented and the ability to intervene proactively.
- **Availability of Funds** – funds that follow the individual allowing payment for housing, services, transportation and medications.
- **Commitment and investment of MDOC, legislature and community partners** – recognition of the unique needs of this population and a willingness and flexibility to address it in unprecedented ways.

MPRI Mental Health ReEntry

Things to Consider/Ongoing Barriers:

- Entitlements – Implement effective plan to have benefits “in hand” at the time of release. Included in this is obtainment of vital records.
- Probating Process – Multitude of dynamics related to those meeting criteria to be released on a court order for treatment (outpatient orders and direct admits to psychiatric settings).
- Inconsistencies across the state related to CMH eligibility – Each Community Mental Health Authority has its own intake process and eligibility criteria. Lack of General Funds also plays a key role.
- Max Outs – Difficult population with no built in sanctions. We are currently doing discharge planning for many of these cases and they present unique challenges.
- Medical Fragility – Must have infrastructure in place to address medical issues.
- Co-Occurring Disorders – Development of effective treatment to address mental health and substance abuse issues in the community.
- Barriers to Safe, Accessible, Affordable Housing – Must have housing options available to offenders with special needs.

MPRI Mental Health ReEntry

Program Accomplishments

- Over 1000 offenders have been part of the MPRI Mental Health (MPRI-MH) Demonstration Project since the launch in late 2006 through referrals from the Parole Board, the community, and prisoners discharging on their maximum sentence.
- As of August 2007, of the 250 individuals with mental illness that were referred by the Parole Board to the MPRI-MH Demonstration Project only 11 have been returned to prison resulting in a 4.4% return to prison rate.
- The improvement so far against the baseline is 59.3% for parolees with mentally illness involved in the MPRI-MH Demonstration Project.

MPRI Mental Health ReEntry

Program Accomplishments

- As of August 2007, 80 individuals discharged on their max, and agreed to participate in the program. No one has been returned to prison resulting in a 0% return to prison rate which is an improvement of 2.5% against the baseline.
- Disparity in parole rates for prisoners with mentally illness vs. other paroles granted has been reduced:
 - 2005: 38% parole rate for prisoners receiving mental health services in prison vs. 58% for other prisoners (Difference: 20%)
 - 2007: 41% for prisoners receiving mental health services in prison vs. 56% for other prisoners (Difference: 15%)